2013/2014 SNOW SEASON

(All applications due by 11/1/13)

E.

PLOW SIZE

BODY TYPE

Official Use Only
DPW #

DISTRICT

TOWN OF ISLIP DEPARTMENT OF PUBLIC WORKS

REGISTRATION OF EQUIPMENT FOR SNOW REMOVAL

- A. Every contractor and sub-contractor having equipment listed for snow removal is required to have an **Acord Certificate of Insurance** showing that coverage on their equipment is at least within the following limit: Combined single limit of \$300,000.
- B. The Town of Islip must also be named as additional insured on the policy. A copy of the additional insured endorsement must be provided.
- C. If you have employees, a Workmen's Compensation Certificate is required.
- D. Unit shall be subject to an inspection by the Town of Islip. (All units must be inspected prior to November 18, 2013). For an inspection appointment, please call: (631) 595-3575.

NAME:			INSPECTION	Pass	Fail
ADDRESS:			Plow Light	ts	
ADDRESS.			Plow Oper	able	
			Plow Blade	e	
ΓΕLΕΡΗΟΝΕ #: (DAY)			Truck NYS	S Insp.	
TELEFTIONE #. (DAT)_			Truck Lights		
			Tires		
S.S. # OR TAXPAYER I.D		provided)			
App	licants Signatu	ire			
YEAR MAKE	MODEL	SERIAL NO.	# OF WHLS.	# OF DRIVE WHLS.	# OF CYI

ENG. SIZE (CU. IN.)

HORSEPOWER:

FOR LOADERS: TOTAL WEIGHT:

	orations, Partnerships, etc. list every person having ownership interest in the company	<i>,</i> .
	te if any of the persons listed are either employees of the Town, related to employees ay dependents of an employee of the Town.	of the Town
List any	ny relatives of yours who are employees of the Town.	
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ARKS		

<u>PLEASE ATTACH YOUR INSURANCE CERTIFICATE, COPY OF REGISTRATION AND WORKER'S</u>
<u>COMPENSATION CERTIFICATES TO THIS COMPLETED FORM AND RETURN TO PAM KLEIN @ TOWN</u>
<u>OF ISLIP, DEPARTMENT OF PUBLIC WORKS, 401 MAIN STREET, ISLIP, NY 11751,</u>